

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		32	9/13
FORMALITY REVIEW	cy	1122	10/03/01
RESPONSE FORMALITY REVIEW	A.T.	1071	03/15/02

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	9/13/01
2	10/03/01
3	10/03/01
4	10/03/01
5	10/03/01
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8	10/03/01
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50	10/03/01

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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569  
10/03/01  
10/03/01  
10/03/01